

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>JAMES E NILLES NILLES & NILLES SUITE 2000 777 EAST WISCONSIN AVENUE MILWAUKEE WI 53202-5345</p> <p>E5M1/0417</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/445,039	05/19/95	007	SCOTT JR, L	2501 04/17/96
First Named Applicant				
BAYON, JEAN-FRANCOIS				
TITLE OF INVENTION				
LINEARLY POLARIZED FIBER-OPTIC LASER				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	372-006,000	W07	UTILITY	NO	\$1250.00	07/17/96

3. Correspondence address change (Complete only if there is a change) <p>NILLES & NILLES, S.C. Firststar Center 777 East Wisconsin Avenue, Suite 2000 Milwaukee, Wisconsin 53202</p>	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 Nilles & Nilles, S.C. 2 3
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DO NOT USE THIS SPACE

810 BL 07/26/96 08445039
 1 142 1,250.00 CK
 1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: France Telecom		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Paris, France		6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER 14-1080	
		(ENCLOSE PART C)	
		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
		(Authorized Signature) James E. Nilles	(Date) July 12, 1
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE